

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>- 6700</i>	<i>9/27/00</i>
O.I.P.E. CLASSIFIER		<i>75</i>	<i>8300</i>
FORMALITY REVIEW	<i>Ag</i>	<i>825</i>	<i>10/27/00</i>
RESPONSE FORMALITY REVIEW	<i>P.H.</i>	<i>625</i>	<i>04-06-01</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) ..... Canceled  
+ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
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